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Maria V. Logatto  
Signature: Maria V. Logatto

8/15/03  
Date

**Customer No. 23909  
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**TRANSMITTAL FOR FILING A NEW UTILITY PATENT APPLICATION**

**Mail Stop Patent Application**

Case Docket No. IR 7419-00

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith for filing is the **UTILITY** patent application of:

Inventor(s): Suman K. Chopra  
Lynette A. Zaidel  
Guisheng Pan  
Suryakant Patel  
Ryan B. Cameron  
Michael Prencipe

For (title): Silicone Polymer Based Liquid Tooth Whitening Composition

19972 U.S. PTO  
10/642458  
08/15/03

**Enlosed are:**

- ☒ Utility Patent Application consisting of 12 Total Pages, including 14 Total Claims, consisting of 9 pages of specification, 2 pages of claims, 1 page of abstract.
- ☐ Executed Declaration ☒ Non-Executed Declaration
- ☐ An assignment of the invention to the Colgate-Palmolive Company. A separate "Recordation Form Cover Sheet - PTO Form-1595" is also attached.
- ☐ An associate power of attorney
- ☐ **FORMAL drawings** No. of Sheets: <> Figures: <>
- ☐ **INFORMAL drawings** No. of Sheets: <> Figures: <>
- ☐ Information Disclosure Statement with Form 1449 and Copies of References

| CALCULATIONS FOR PATENT APPLICATION FEE    |                          |                             | Other Than a Small Entity |                 |
|--|--------------------------|-----------------------------|---------------------------|-----------------|
| FOR  | CLAIMS                   |                             | RATE                      | FEE             |
| <b>Basic Fee</b>                           |                          |                             |                           | <b>750.00</b>   |
|  | Column 1<br>Total Claims | Column 2<br>Extra<br>Claims |                           |                 |
| <b>Total Claims</b>                        | 14-20                    | = 0                         | X18                       | 0               |
| <b>Independent Claims</b>                  | 1-3                      | = 0                         | X84                       | 0               |
| <b>Multiple Dependent Claims Presented</b> | 0                        |                             | +280                      |                 |
|  |                          |                             | <b>TOTAL FEES</b>         | <b>\$750.00</b> |

- ☒ Please charge my deposit Account No. 03-2455, the amount of **\$750.00**. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to **Deposit Account No. 03-2455**. A duplicate copy of this sheet is enclosed.
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Respectfully submitted,  
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